

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09-720523

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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50						
TOTAL IND.	1					
TOTAL DEP.	0					
TOTAL CLAIMS	1					

	INC.		DEP.		IND.		DEP.	
	INC.	DEP.	INC.	DEP.	INC.	DEP.	INC.	DEP.
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